IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 094124 PIN# 4733 29 1009 DATE 2/6/01

OWNER OR CONTRACTOR JOHN F. DAVIDSON PHONE: Business _____ Home (704) 873-2257

ADDRESS 269 BUCKBEE ROAD, STATESVILLE, NC 28677

LOCATION 70 E (L) JOHN LONG RD. (R) BUCKBEE RD TO 269 BUCKBEE ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT . LOT AREA .6 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: EXISTING Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250
No Lines 2 Trench Width 3' Max Trench Bottom Depth 30"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth 12" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 4
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

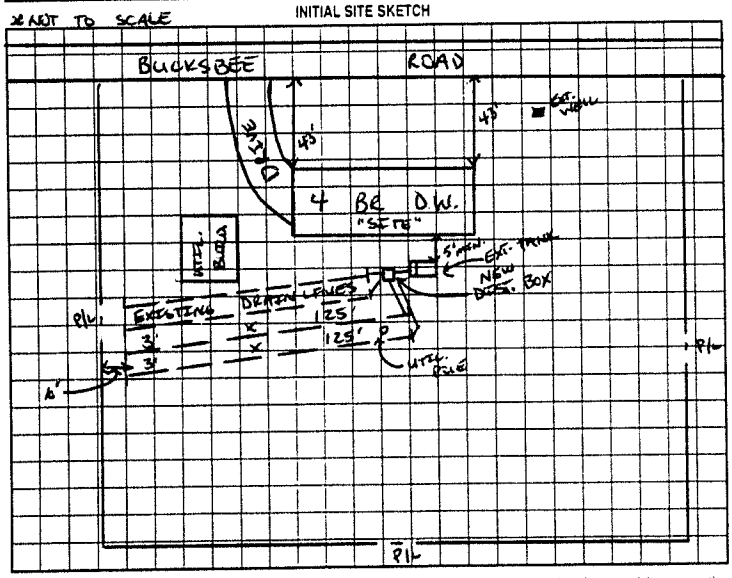
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: (1) NO CUTTING OR FELLING OVER DRAINFIELD AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS (3) INSTALL DRAINLINES UNIFORM AND ON CONTOUR.

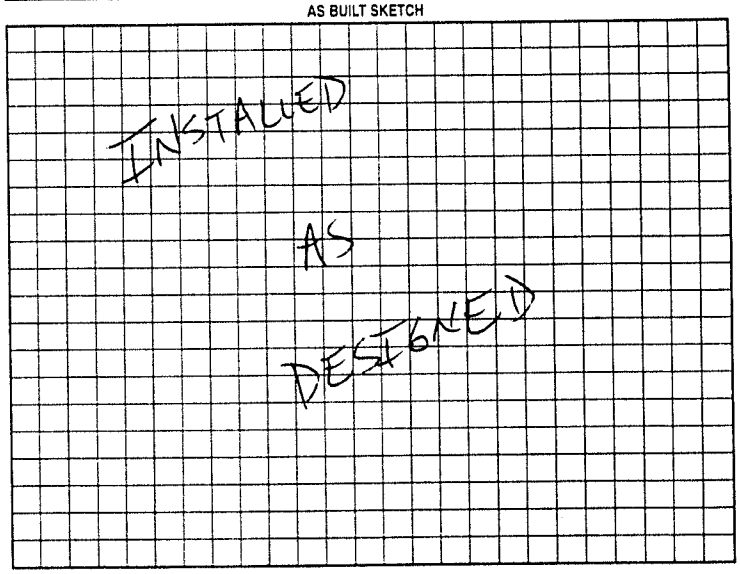
Comments/Conditions (1) PUMP SEPTIC TANK EVERY 3-5 YRS.

INITIAL SITE SKETCH

* NOT TO SCALE



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 3/19/01 Installed by: A-1 BACKHOE

Improvement Permit by: _____ date 2/6/01 Operation Permit by: _____ date 3/20/01

Authorization to Construct by: _____ date 2/6/01 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK